

APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Initial	Date of Birth		Date of Application
Address (Number)	Street	City	State	Zip Code	
Telephone Number		Cellular Number		Social Security Number	

Position(s) Applied For _____

What is your desired wage range? _____

Best time and phone number to contact you is:	PH _____	_____ : _____	(Circle One) AM PM	
Date available for work:	_____			
Are you a Calif. State Certified Journeyman?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you a U.S. Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you enrolled in an Electrical Trainee/Apprentice School?	_____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(Name of School)			
Have you ever filed an application with us before? When _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever been employed with us before? If Yes, give a date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are any of your friends or relatives employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, state name and relationship _____				
Are you currently on "lay-off" status and subject to recall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
May we contact your present employer"	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>(Proof of citizenship or immigration status will be required upon employment.)</i>				
Will you work overtime, if asked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Can you travel if the job requires it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
What type of driver's license do you have?	Class A _____, B _____, C _____, Other _____			
Any restrictions on license? If yes please explain: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you been convicted of a crime, excluding misdemeanors and summary offenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes please explain: _____				

Emergency Information	Name	Relationship
Address	Home Telephone	
City/State/Zip	Work Telephone	

SCHOOL	NAME and ADDRESS of SCHOOL	COURSE of STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				

Work Experience - List your present or last Employment information first.

Employer		Dates of Employment		Work Performed
		From	To	
Address				
City/State/Zip		Hourly Rate/Salary		
		Starting	Final	
Telephone Numbers				
Job Title	Supervisor			
Reason for Leaving			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer		Dates of Employment		Work Performed
		From	To	
Address				
City/State/Zip		Hourly Rate/Salary		
		Starting	Final	
Telephone Numbers				
Job Title	Supervisor			
Reason for Leaving			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer		Dates of Employment		Work Performed
		From	To	
Address				
City/State/Zip		Hourly Rate/Salary		
		Starting	Final	
Telephone Numbers				
Job Title	Supervisor			
Reason for Leaving			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please include explanation of any gaps in employment: _____

Describe any specialized training, apprenticeship, skills, and/or extra-curricular activities: _____

PERSONAL/PROFESSIONAL REFERENCES

NAME	PHONE	RELATIONSHIP
1		
2		
3		

MEDICAL HISTORY

Have you had a physical examination in the past 3 years? Yes No

If required, would you be willing to take a physical examination/drug screen? Yes No

Do you have any physical or mental condition(s) which would hinder your ability to perform the job for which you wish to be considered? Yes No

If so, please explain: _____

To your knowledge, do you have or have you ever had any of the following: (Check Yes or No)

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Rupture	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Defective Sight	<input type="checkbox"/>	<input type="checkbox"/>	Defective Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism or Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Back Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Extensive Confinement
<input type="checkbox"/>	<input type="checkbox"/>	Head or Spinal Injury	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Disease			by Illness or Injury
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Knee Injury	<input type="checkbox"/>	<input type="checkbox"/>	Major Operation
<input type="checkbox"/>	<input type="checkbox"/>	Carpal Tunnel Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis or Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Have you sustained any injury within the last 10 years? Yes No

If yes, please provide the following information for each injury: (Use an additional sheet if necessary)

Approximate date of injury	Nature of injury	Was any surgery required? If so, please explain	Time lost from work (if any)	Would the injury, in any way, affect your ability to do the job you seek? If so, please explain

Are there any activities that you cannot perform? If Yes, please provide a description. _____

Will you abide by the Safety Rules of this Company? Yes No

If injured, will you accept the medical facilities recommended by your employer? Yes No

NOTICE - Substance Abuse/Contraband Policy (See Employee Manual)

The company prohibits the use, possession, or distribution on its premises, facilities, or workplaces any of the following: intoxicants and narcotics, illegal or unauthorized drugs(including marijuana), "look alike" (simulated) drugs, drug related paraphernalia, firearms and unauthorized explosives. Company employees must not report to work under the influence of any drug, alcoholic beverage, intoxicant, or narcotics, or other substances (including legally prescribed drugs or medicines) which will in any way adversely affect their working ability, alertness, coordination, response, or adversely affect the safety of others on the job.

All applicants for employment and employees of the Company may, as a condition of employment, be required to submit to a drug and/or alcohol screening test at the discretion of the Company.

APPLICANT'S STATEMENT

Please Read The Following Carefully and Sign below.

1. I certify that answers given are true and complete.
2. I authorize investigation of all statements contained in this application for employment as may be necessary for the purposes of evaluating me for employment. I understand that this background investigation may include a consumer report or an investigative consumer report from a Consumer Reporting Agency and/or the Department of Motor Vehicles. I further give permission to all current and past employers to discuss my relevant personal and employment history with DTS Electric, Inc. I consent to release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon statements they make to any representative of DTS Electric, Inc.

I further understand that I reserve the right to request additional disclosures regarding the nature and scope of the investigation.
3. I further agree that I will submit to a physical, urinalysis and/or blood screen or other examinations requested by the Company at any time prior to or subsequent to my employment.
4. I authorize the Company to supply my employment record in whole or in part and in confidence to any employer, insurance agency or other party with a legal and proper interest. I hereby release the Company from any liability and agree to hold harmless any employee of the Company who furnishes such information.
5. I understand that I am required to abide by all rules and regulations of the employer. I understand that this includes, but not limited to, all safety rules, including the company drug abuse policy, and that failure to comply will result in disciplinary action up to and including termination.
6. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. Any verbal representations to the contrary are invalid and should not be relied upon.
7. I hereby understand that any falsification or willful omission of fact made in this application, or on my resume, or in connection with any background investigation may be sufficient ground for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.
8. I understand this application for employment shall be considered active for a period of time not to exceed 60 days.

Signature of Applicant

Date

ELECTRICAL EXPERIENCE

<u>DESCRIPTION</u>	<u>NO. YRS.</u>	<u>COMMENTS</u>
EMT	_____	Max. Size _____
PVC	_____	Max. Size _____
Rigid Conduit	_____	Max. Size _____
Large Feeder Wiring	_____	Max. Size _____
Vaults	_____	Max. Size _____
MC Cable	_____	_____
480 Volt or up	_____	_____
Three Phase	_____	_____
Single Phase	_____	_____
Underground/Duct Banks	_____	_____
Layout	_____	_____
Lighting	_____	_____
Circuitry	_____	_____
Terminations	_____	_____
Grounding Systems	_____	_____
Boom Lift	_____	_____
Scissor Lift	_____	_____
Fork Lift	_____	_____
Apprentice	_____	_____
Journeyman	_____	_____
Leadman	_____	_____
Supervisor	_____	_____
Safety	_____	_____

OTHER AREAS OF EXPERIENCE
